

MAY 01 2018

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UNITED STATES HOUSE OF REPRESENTATIVES  
FINANCIAL DISCLOSURE STATEMENT

For New Members, Candidates, and New Employees

18 MAY -7 PH 12: 29

Name: TIM HAAPIS

Daytime Telephone: \_\_\_\_\_

U.S. HOUSE OF REPRESENTATIVES

Congressional Record  
(Office Use Only)

FILER STATUS	New Member of or Candidate for U.S. House of Representatives <input checked="" type="checkbox"/> Candidates – Date of Election: <u>6-26-2018</u>	State: <u>OK</u> District: <u>FIFTH</u>	<input type="checkbox"/> Check if Amendment
	New Officer or Employee Employing Office: _____	Staff Filer Type (if Applicable): <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant	Period Covered: January 1, <u>2017</u> to <u>April 1, 2019</u>

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

- A. Did you, your spouse, or your dependent child:  
a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period?   
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?

C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?

- D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?

E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?

- F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?

- G. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?

H. Did you file a financial disclosure statement with the Committee on Ethics in the current year and two prior years?

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excluded trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes  No

## SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Tim Harris

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Use additional sheets if more space is required.

**SCHEDULE A – ASSETS & “UNEARNED INCOME”**

Name: Tim Harris      Page 3 of 13

SP. ID.	ASSET NAME	EF	Value of Asset	BLOCK C												Amount of Income	BLOCK D
				A	B	C	D	E	F	G	H	I	J	K	L		
			None														
			\$1-\$1,000														
			\$1,001-\$15,000														
			\$15,001-\$50,000														
			\$50,001-\$100,000														
			\$100,001-\$250,000														
			\$250,001-\$500,000														
			\$500,001-\$1,000,000														
			\$1,000,001-\$5,000,000														
			\$5,000,001-\$25,000,000														
			\$25,000,001-\$50,000,000														
			Over \$50,000,000														
			Spouse/DC Asset over \$1,000,000*														
			NONE														
			DIVIDENDS														
			RENT														
			INTEREST														
			CAPITAL GAINS														
			EXCEPTED/BLIND TRUST														
			TAX-DEFERRED														
			Other Type of income (Specify: e.g., Partnership Income or Farm Income)														
			None														
			\$1-\$200														
			\$201-\$1,000														
			\$1,001-\$2,500														
			\$2,501-\$5,000														
			\$5,001-\$15,000														
			\$15,001-\$50,000														
			\$50,001-\$100,000														
			\$100,001-\$1,000,000														
			\$1,000,001-\$5,000,000														
			Over \$5,000,000														
			Spouse/DC Income over \$1,000,000*														
			None														
			\$1-\$200														
			\$201-\$1,000														
			\$1,001-\$2,500														
			\$2,501-\$5,000														
			\$5,001-\$15,000														
			\$15,001-\$50,000														
			\$50,001-\$100,000														
			\$100,001-\$1,000,000														
			\$1,000,001-\$5,000,000														
			Over \$5,000,000														
			Spouse/DC Income over \$1,000,000*														

Use additional sheets if more space is required.

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Tim Harris

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# SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: **TIM HARRIS**  
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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset												BLOCK C Type of Income												BLOCK D Amount of Income																			
		A	B	C	D	E	F	G	H	I	J	K	L	M	I	II	III	IV	V	VI	VII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	IX	X	XI	XII									
SP. DC.	ASSET NAME	EF																																											
PT	Primo Total Return Port FD Instl	X																																											
CL	Primo Low Duration FD Institutional Class		X																																										
ML	Bank Deposit Program		X																																										
Preferred Deposit		X	X																																										
Blackrock Large Cap Core FD A				X																																									
First Eagle Global Class C					X																																								
TEATON Vance Richter Brstn Equity Strategy						X																																							
Invesco International Allocation Fund (CL C)						X																																							
Blackrock Global Allocation FD Inc A						X																																							
Bank of America NA RASP Columbia Dividend Opportunity Fund C						X																																							
BlackRock Global Allocation FD Inc INSTL						X																																							
Calamos Growth and Income FD CL C						X																																							
Bank of America NA RASP Lincoln National Life Ins (Variable Annuity) Growth						X																																							

Use additional sheets if more space is required.

## SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Tim Harris

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**Use additional sheets if more space is required.**

## **SCHEDULE A – ASSETS & “UNEARNED INCOME”**

Name: Tim Harris

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**Use additional sheets if more space is required.**

**SCHEDULE A - ASSETS & "UNEARNED INCOME"**

Name: TIM HANAS

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset												BLOCK C Type of Income												BLOCK D Amount of Income																					
														A	B	C	D	E	F	G	H	I	J	K	L	M	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII									
The Growth Fund of America		X												None																																	
Washington Mutual Investors Fund														\$1-\$1,000																																	
American Global Balanced Fund														\$15,001-\$50,000																																	
American Developing World Growth & Inc														\$50,001-\$100,000																																	
Capital Income Builder														\$100,001-\$250,000																																	
Capital World Growth and Income														\$250,001-\$500,000																																	
Fundamental Investor														\$500,001-\$1,000,000																																	
The Income Fund of America		X												\$1,000,001-\$5,000,000																																	
The Investment Company of America		X												Over \$50,000,000																																	
The Income Fund of America		X												Spouse/DC Asset over \$1,000,000*																																	
The Income Fund of America		X												NONE																																	
Retail Properties of America		X												DIVIDENDS																																	
Piedmont Office Realty Trust		X												RENT																																	
Catch Mark Timber Trust		X												INTEREST																																	
Vanguard 500 Index Adm		X												CAPITAL GAINS																																	
														EXCEPTED/BLIND TRUST																																	
														TAX-DEFERRED																																	
														Other Type of Income (Specify: e.g., Partnership Income or Farm Income)																																	
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														Spouse/DC income over \$1,000,000*																																	

Use additional sheets if more space is required.

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Tim Harris

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Use additional sheets if more space is required.

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: **TIM HANNAIS**

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Assets and/or Income Sources		Value of Asset	Type of Income	BLOCK D											
				BLOCK A			BLOCK B			BLOCK C			BLOCK D		
\$ D.C. J.	ASSET NAME	EIF	A B C D E F G H I J K L M	N O P Q R S T U V W X Y Z	I II III IV V VI VII VIII IX X XI XII	VII VIII IX X XI XII	V VI VII VIII IX X XI	V VI VII VIII IX X XI	V VI VII VIII IX X XI	V VI VII VIII IX X XI					
Cash SF Guaranteed			X	X											
Pmt Divsrd Fd (Barings)			X	X											
DFA US Large Cap Value Fund			X	X											
TIAA-CREF Equity Index Fd			X	X											
T Rowe Price Bl Chp Growth Fnd			X	X											
Wells Fargo Spec Mid Cp Val Fd			X	X											
Columbia Mid Cap Index Fund			X	X											
Wells Fargo Discovery Fund			X	X											
DRS US Targeted Value Fund			X	X											
Pmt Oppenheim Fds Sm Cr Opp Fd			X	X											
Vanguard Small Cap Index Fund			X	X											
Oakmark International Fund			X	X											
Oppenheimer Internet Gr fund			X	X											
Oppenheimer Real Estate Fund			X	X											

Use additional sheets if more space is required.

**SCHEDULE C – EARNED INCOME**

Name: Tim Harris

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer

**EXCLUDE:** Military pay such as National Guard or Reserves, non-federal retirement programs, annuities received under the Social Security Act, and other spouse earned income exceeding \$1,000. See examining and insurer's spouse, list the source and amount of any honoraria. List only one source for other spouse earned income exceeding \$1,000.

**INCOME LIMITS and PROHIBITED INCOME.** Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Source (include date of receipt for honoraria)	Type	Current Year to Filing		Amount	Preceding Year
		Honorarium	Salary		
ABC Trade Association, Baltimore, MD (July 15)		\$0	\$500	\$500	\$500
State of Maryland		\$20,000		\$20,000	
Clem West Roseberry (Oct. 2)		\$0		\$1,000	
Ontario County Board of Education		N/A		N/A	
Oral Roberts University	Wages	-0-	-0-	2,565	
Oklahoma Wesleyan University	Wages				
Oklahoma Public Employee Retirement System	Pension	34,128	136,408		
CATC Medstaff PC	Spouse salary	N/A	N/A		
Community Care HMO	Spouse salary	N/A	N/A		

## SCHEDULE D - LIABILITIES

Name: TIM HAPPIES  
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**Report** liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. **Mark** the highest amount owed during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a **revolving charge account** (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000.

\*Column K is for liabilities held solely by your spouse or dependent child.

exceeded \$10,000. Column K is for liabilities held solely by your spouse or dependent child.

SP. DC/JT Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
			A	B	C	D	E	F	G	H	I	J	K
Example <i>Mort</i>	First Bank of Wilmington, DE	Mortgage on Rental Property Dover, DE											
			\$10,001- \$15,000										
				\$15,001- \$50,000									
					\$50,001- \$100,000								
						\$100,001- \$250,000							
							\$250,001- \$500,000						
								\$500,001- \$1,000,000					
									\$1,000,001- \$5,000,000				
										\$5,000,001- \$25,000,000			
											\$25,000,001- \$50,000,000		
												Over \$50,000,000	
													Over \$1,000,000* (Spouse/DC Liability)

**SCHEDULE E – POSITIONS**

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.**

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. <b>Exclude:</b> Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. <b>New Members</b> and <b>second-year candidates</b> report positions held in the reporting period and the current calendar year. <b>First-year candidates and new employees</b> report positions held in the current calendar year and two previous years.	
Position	Name of Organization
Executive Committee Member	First United Methodist Church
Board Member	Oklahoma Methodist Manor
Board Member	The Demand Project
Board Member	Tulsa Boys Home
President	Tulsa County Sheriffs Foundation
Chairman	Panel to Recommend US Attorney and US Marshall for Northern and Eastern Districts of Oklahoma
Sole Proprietor	Tim Harris RDA Consulting LLC
Trustee	Michael R. Avakian Trust

*Use additional sheets if more space is required.*

## SCHEDULE F – AGREEMENTS

Name: TIM HARRIS Page 13 of 13

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
	<i>None</i>	

**SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE**

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. **Do not repeat information listed on Schedule C.**

Source (Name and City/State)	Brief Description of Duties
<p>Example: Doe Jones &amp; Smith, Homestead, Homestate</p> <p><b>NONE</b></p>	<p>Accounting Services</p>

*Use additional sheets if more space is required*